KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

ALLIED HEALTH VERIFICATION

for 90-hour Kansas Nurse Aide Certification

Complete this form and attach the following:

KDADS USE ONLY: Approval Date

- copy of identification with current name & social security number (such as driver•s license, social security card)
- < an application fee of \$20.00 (check or money order)
- an OFFICIAL transcript from current training (training must be within the last 24 months) program or a copy of professional license (if expired, must be within the last 24 months)

All fees are NOT refundable **Candidate Information** Name First ΜI Last Other (maiden/surname) Birth date / / Sex Male Female Social Security Number____ - ___ - ____ Address Citv Zip Street State Phone Number Home (Work (Please mark the highest level of education received: ■ (N) No high school ■ (D) Diploma Nurse (RN) ■ (M) Master's Degree ■ (H) High school diploma or GED ■ (A) Associate Degree ■ (E) Education Specialist ■ (L) Licensed Practical Nurse ■(B) Bachelor's Degree ■(P) PhD Check which applies (a suspended or revoked licensure will make you ineligible for the test): Training Licensure ■RN ■RN State <u>OR</u> ■LPN ■LPN State ■LMHT State ■ LMHT Check Test Site Preference: Concordia **Great Bend** Atchison Kansas City CC Pittsburg Winfield KC Donnelly Dodge City Junction City Beloit Hays Parsons Burlingame El Dorado Hutchinson Liberal Pratt Overland Park Chanute Emporia Independence Manhattan Salina Coffeyville Fort Scott Iola Merriam Topeka Colby Garden City Kansas City ATS New Strawn Wichita Candidate's Signature I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. I have attached a copy of an identification document with my current name, social security number, and an official transcript or copy of professional license. Candidate's Signature Date Health Occupations Credentialing, KDADS Return this form and attachments to: 503 S KANSAS AVE Topeka KS 66603-3404

Test Date

Candidate, please note:

- 1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
- 2. You must be able to provide your social security number on the test for identification.

3. YOU MUST BE ON TIME.

- 4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
- 5. You will receive a Approval to Test notice that will allow a nursing facility to employ you as a Nurse Aide Trainee II for a single four month period beginning on the approval date.
- 6. Nurse aide certificates are issued to those who achieve a score of at least seventy five percent (75%) on the nurse aide test.
- 7. The nurse aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course.** You then have two remaining opportunities to pass the test within one year from the approval date designated above.

Web site: www.kdads.ks.gov

8. Test scores may be requested by writing to the address listed below.

Health Occupations Credentialing, KDADS 503 S KANSAS AVE Topeka, Kansas 66603-3404 (785) 296-1250

CNAHHA - Revised 06/30/2012